12607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 807 Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 807 Adams Street

3. NAME OF DECEASED (Type or Print): (First) Allen (Middle) (Last) Ackinson
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 6 1903
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford County, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert Ackinson
14. MOTHER'S MAIDEN NAME: Sadie Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-05-4702
17. INFORMANT AND ADDRESS: Mrs. Leona Ackinson 807 Adams St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0

Immediate cause (a) Pneumonia bilateral — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Lip - healed — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Nov 26, 1952, that I last saw the deceased alive on Nov. 26, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kevin L. Wachsman M.D. — ADDRESS: Havre de Grace Md — DATE SIGNED: 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 29 1952 — NAME OF CEMETERY OR CREMATORY: Angel Hill Cemetery — LOCATION (City, town, or county): Havre de Grace — (State): Md.

DATE REC'D BY LOCAL REG.: Nov. 29 - 1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: 123 So. Washington St. Madelyn Mitchell Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 4

RECEIVED
DEC 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12608

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Army Chemical Center, Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U S Army Dispensary, Army Chemical Center, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Arkansas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Little Rock
STREET ADDRESS (If rural, give location): 524 S. Pine St

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) D (Last) ADAMS
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7 Sep 1923
9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professional Airman
10b. KIND OF BUSINESS OR INDUSTRY: U S Air Force
11. BIRTHPLACE (State or foreign country): Centre, Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Clifford Adams
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 6 Aug 1952
16. SOCIAL SECURITY NO.: 429-28-6532
17. INFORMANT: Medical Records, Army & Navy Medical Centers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

860X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of left leg

(c) Air crash, Army Chemical Center, Maryland

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - - 19b. MAJOR FINDINGS OF OPERATION: - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: A Cml C, Md
(CITY OR TOWN): Army Chemical Center (COUNTY): Harford (STATE): Md
TIME OF INJURY (Month) Nov (Day) 24 (Year) 52 (Hour) 1245PM
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Result of Airplane crash

22. I hereby certify that death occurred at 11:30 PM m., from the causes and on the date stated above.

SIGNATURE: Carl H. Hall
(Degree or title) ADDRESS DATE SIGNED
CARL H. HALL, Captain, MC, Actg Post Surgeon, Army Chemical Center, Maryland 25 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 11/28/52
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Little Rock Ark.

DATE REC'D BY LOCAL REG.: Nov. 27-52
REGISTRAR'S SIGNATURE: Nellie V. Perry
24. FUNERAL DIRECTOR ADDRESS: Henry Tarring and Sons - Aberdeen, Maryland

VS. A15

RECEIVED
DEC 1 1952
BUREAU V. S.

12609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse
LENGTH OF STAY (in this place) 1 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS White Hall RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Horse
STREET ADDRESS (If rural, give location) White Hall RD

3. NAME OF DECEASED (Type or Print) (First) Luella (Middle) (Last) Anderson

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb 28. 1860
9. AGE last birthday 92 yrs. If under 1 year Months 9 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Shawsville Harford, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Robert Jackson
14. MOTHER'S MAIDEN NAME Hannah Perdue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Howard Lucky White Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Hypertension, Renal failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 42 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19....., to Nov 29, 1952 that I last saw the deceased alive on Nov 28, 1952 and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mahlon Bortner M.D. ADDRESS White Hall DATE SIGNED Nov 29, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 2-52
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Madonna Harford (State) Md

DATE REC'D BY LOCAL REG. 12/1/52
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
DEC 8 1992
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12610

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-7

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. #2 Box 124

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) R. F. D. #2 Box 124

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) F. (Last) Barnes

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/31/88

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. John H. Barnes, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

4422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertensive Cardio-renal disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Nov. 29, 1952, that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 10:45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George T. Stansbury M. D. Havre de Grace Md. 11/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/2/52 | NAME OF CEMETERY OR CREMATORY: St. James Cemetery | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: DEC 1-1952 | REGISTRAR'S SIGNATURE: C. L. Lewis M. D. | 24. FUNERAL DIRECTOR ADDRESS: Elmer E. Bullock - Havre de Grace, Md.

RECEIVED
DEC 3 1952
BUREAU V. S.

12611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center, Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Army Dispensary Army Chemical Center, Md	STREET ADDRESS (If rural, give location) 305 D E. Court Rd, Chespeake Gardens

3. NAME OF DECEASED (Type or Print)	(First) AMANDUS	(Middle) JOSEPH	(Last) BOYLE	4. DATE OF DEATH	(Month) Nov	(Day) 25	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 20 Feb 1917	9. AGE last birthday 35 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional Airman	10b. KIND OF BUSINESS OR INDUSTRY U S Air Force	11. BIRTHPLACE (State or foreign country) Queens Anne, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Charles Isador Boyle	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 18 May 44	16. SOCIAL SECURITY NO. - -	17. INFORMANT Medical Records - Army Chemical Center Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860X

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possible head injury

(c) Air crash, Army Chemical Center, Maryland

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION - -	19b. MAJOR FINDINGS OF OPERATION - -	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) A Cml C, Md	(CITY OR TOWN) Army Chemical Center	(COUNTY) Harford	(STATE) Md
TIME OF INJURY (Month) Nov (Day) 24 (Year) 52 (Hour) 1245PM	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Result of airplane crash		

22. I hereby certify that ~~[illegible]~~ that death occurred at 1:15 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carl H Hall

CARL H. HALL, Captain, MC, Actg Post Surgeon, Army Chemical Center, Md 25 Nov 1952

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 11/26/52	NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	LOCATION (City, town, or county) (State) Cardova, Md.
DATE REC'D BY LOCAL REG. Nov. 26-52	REGISTRAR'S SIGNATURE Nellie R. Perry	24. FUNERAL DIRECTOR Henry Farring End Sons, Aberdeen, Maryland.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATS

RECEIVED
DEC 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5705, 41st Ave.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) GORDON (Last) ELLISON
4. DATE OF DEATH (Month) (Day) (Year) 19 II/17/52

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-12-1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Examiner
10b. KIND OF BUSINESS OR INDUSTRY Gov
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore Ellison
14. MOTHER'S MAIDEN NAME Libby Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, any war or dates of service) WWI
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Mrs F. Ellison, Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac attack

241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Asthma

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD DME (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 11-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF II/18/52
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REG. Nov. 18-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Cunnington & Son, Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 13 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) L. (Last) Enfield
4. DATE OF DEATH (Month) November (Day) 16 (Year) 1952

5. SEX F.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Sept 6, 1860
9. AGE last birthday 92 yrs. If under 1 year Months 2 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Forest Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Lockard
14. MOTHER'S MAIDEN NAME Martha Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Roy Enfield, Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture femur — INTERVAL BETWEEN ONSET AND DEATH 3 mo

904.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. A. Teriosclerotic C Vi disease —

19a. DATE OF OPERATION 8/22/52
19b. MAJOR FINDINGS OF OPERATION Fracture femur (pinned)
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Nat'l Convalescing Home (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 18 (Year) 52 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell and broke leg

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MT Deputy Medical Examiner Harford Co. Bel Air Md. 11/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 19, 1952
NAME OF CEMETERY OR CREMATORY Rock Spring
LOCATION (City, town, or county) Forest Hill, Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 21-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: RURAL JOPPA
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, JOPPA
LENGTH OF STAY (in this place) 5 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL JOPPA, MD.
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) GLENDA (Middle) KAREN (Last) EVANS

4. DATE OF DEATH (Month) NOV. (Day) 17 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) CHILD.
8. DATE OF BIRTH 15 JUNE 52
9. AGE last birthday — yrs. If under 1 year Months 5 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) SPARTA, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME ERNEST EVANS
14. MOTHER'S MAIDEN NAME ATTAREE GREENE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT MOTHER: Attaree Evans, Joppa, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CARDIO-RESPIRATORY FAILURE	3 DAYS
752X Antecedent cause(s)		INABILITY TO TAKE NOURISHMENT	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	& VOMITING OF INCREASED INTRACRANIAL PRESSURE	4 DAYS.
	(c)	HYDROCEPHALUS	5 Mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1952, to 17 Nov, 1952, that I last saw the deceased alive on 16 Nov, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE H. V. Sidwell (Degree or title) M. D. ADDRESS Bel Air, Md DATE SIGNED 17 Nov. 52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Nov. 19, 1952
NAME OF CEMETERY OR CREMATORY Crab Tree
LOCATION (City, town, or county) Emmerson, Allegheny (State) N.C.

DATE REC'D BY LOCAL REG. Nov 19 1952
REGISTRAR'S SIGNATURE Marie M. Mon Isdale
24. FUNERAL DIRECTOR Howard R. McCormick & Son ADDRESS Abingdon Md

9V6299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 105 A South Court Rd., Chesapeake Gardens

3. NAME OF DECEASED (Type or Print) (First) SARAJANE (Middle) B. (Last) GRAHAM
4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 9, 1921
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Norman E. Shakespeare
14. MOTHER'S MAIDEN NAME Alverta McAllister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Major Erwin Graham, Jr.-105 A South Court Rd. Chesapeake Gardens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Barbiturate Poisoning	4 hrs
970.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Aberdeen (COUNTY) HARFORD (STATE) MD
TIME OF INJURY (Month) 11 (Day) 11 (Year) 52 (Hour) 11 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ingested overdose of barbiturate

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE K. S. Fisher (Degree or title) MD ADDRESS 70 Fleet St Balto DATE SIGNED 11/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/15/52
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto., Md. (State)
DATE REC'D BY LOCAL REG. 11/14/52
REGISTRAR'S SIGNATURE [signature] Deck
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WHITEHALL RD.
STREET ADDRESS (If rural give location) NORRISVILLE

3. NAME OF DECEASED (Type or Print) (First) Alverta (Middle) (Last) Heaps
4. DATE OF DEATH (Month) 11- (Day) 26- (Year) 1952

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, ~~(Specify)~~
8. DATE OF BIRTH 8-2-1889
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE
10b. KIND OF BUSINESS OR INDUSTRY NURSING
11. BIRTHPLACE (State or foreign country) WHITE HALL, MD.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME DAVID W. HEAPS
14. MOTHER'S MAIDEN NAME ELIZABETH KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 215-32-7734
17. INFORMANT Nan Heaps - Norrisville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart disease — Several Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1952, to Nov. 24, 1952, that I last saw the deceased alive on Nov. 24, 1952, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE William O. Fulton (Degree or title) MD. ADDRESS Stewartstown Pa. DATE SIGNED 11/26/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 11-29-52 NAME OF CEMETERY ~~OR CREMATORY~~ AYRES CHAPEL LOCATION (City, town, or county) WHITEHALL RD - HARFORD Co., Md. (State)

DATE REC'D BY LOCAL REG. 11/28/52 REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Kenneth W. Orsburn ADDRESS Stewartstown, Pa.

DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN, #
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U. AH, APG, MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural give location) Army Chemical Center #152 R.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WILFORD JOSEPH HOFF III
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 30 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 27 NOV 1952
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: WILFORD JOSEPH HOFF JR
14. MOTHER'S MAIDEN NAME: CAROLYNC, COUSAR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: FATHER - Wilford F. Hoff Jr. Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Birth injury of Brain

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 77 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 NOV, 1952, to 30 NOV, 1952, that I last saw the deceased alive on 29 NOV, 1952, and that death occurred at 10:05 AM, from the causes and on the date stated above.
SIGNATURE Samuel S. Stubbs (Degree or title) 1/Lt MC ADDRESS 2151-1 ASU USA Hospital DATE SIGNED APG Md 30 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12/2/52
NAME OF CEMETERY OR CREMATORY Gable Cemetery
LOCATION (City, town, or county) Gable South Carolina (State)
DATE REC'D BY LOCAL REGISTRAR Dec 1 - 1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Tarring ADDRESS Aberdeen, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air - Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walton Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmerton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stephen	G	James	Nov	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Single	July 19-1867	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Bel Air Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George B James	Elizabeth Keirley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	✓	Miss Thelma E James Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vasc. Disease — many years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Auricular Fibrillation
(c) Advanced age (85 years).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 1st, 1952, to Nov 28, 1952, that I last saw the deceased alive on Nov 21st, 1952, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A. Sandecki M.D. — Bel Air Md — 11.29.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 30/52	Smith's Chapel	Churchville Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
11/29/52	Priscilla Forwood	Joseph T Foster Bel Air Md

BEL AIR MARYLAND

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 2

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 18 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 704 Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 704 Green St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Francis (Last) Jones
4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-8-1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainer T&S P R R
10b. KIND OF BUSINESS OR INDUSTRY: Signal Dept.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Frank Jones
14. MOTHER'S MAIDEN NAME: Ida F. Marvel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 717-07-5301
17. INFORMANT AND ADDRESS: Ruth Simms Jones, Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: Possibly 4 Year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18, 1952, to 11-21, 1952 that I last saw the deceased alive on 11-21, 1952 and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. L. Lewis, M.D. Havre de Grace, Md. Nov. 22-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-24-52 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Nov 22-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son, Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 700 Revolution

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) Kintzel

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1894

9. AGE last birthday: 58 yrs. If under 1 year: Months - Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: U. S. Delp

14. MOTHER'S MAIDEN NAME: Annie Whitfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Ruth L. Kintzel Havre de Grace, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

31. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1952, to 11-2, 1952, that I last saw the deceased alive on 11-2, 1952, and that death occurred at 9 53/A m., from the causes and on the date stated above.

SIGNATURE: Frank D. Hauber — (Degree or title) M.D. — ADDRESS Harford Memorial Hospital. — DATE SIGNED 11-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/5/52 — NAME OF CEMETERY OR CREMATORY Odd Fellows — LOCATION (City, town, or county) (State): Tamaqua, Pa.

DATE REC'D BY LOCAL REG. Nov. 4-1952 — REGISTRAR'S SIGNATURE C. L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) W (Last) Knight

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 22, 1872
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Power House worker
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME H. M. Knight
14. MOTHER'S MAIDEN NAME Margaret Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. 183-09-0011
17. INFORMANT AND ADDRESS Mrs. Thomas Knight

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 7 days

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis C

(c) Severe Cerebral Arteriosclerosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1952, to 11/16, 1952, that I last saw the deceased alive on 11/15, 1952, and that death occurred at 6 45 P m., from the causes and on the date stated above.

SIGNATURE Malcolm Dudley Phillips (Degree or title) MD ADDRESS Darlington Md DATE SIGNED 11/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 19, 1952
NAME OF CEMETERY OR CREMATORY Rock Run Cem
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 17, 1952
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12829

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center, Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Army Dispensary Army Chemical Center, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Green
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Springfield
STREET ADDRESS (If rural, give location) 140 E. Harding Road

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) E (Last) LEE

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 8 Feb 1914

9. AGE last birthday: 38 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professional Airman

10b. KIND OF BUSINESS OR INDUSTRY: U S Air Force

11. BIRTHPLACE (State or foreign country): Portsmith, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Val A Lee

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): 12 Dec 1951

16. SOCIAL SECURITY NO.: - -

17. INFORMANT: Medical Records Army Chemical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860 Immediate cause (a) Broken neck — Fractured right femur

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severed left leg, and severe laceration right arm

(c) Air crash, Army Chemical Center, Maryland

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - -

19b. MAJOR FINDINGS OF OPERATION: - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): A Cml C, Md — (CITY OR TOWN): Army Chemical Center — (COUNTY): Harford — (STATE): Md

TIME OF INJURY: (Month) Nov (Day) 24 (Year) 52 (Hour) 1245PM

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Airplane crash

22. I hereby certify [redacted] that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE Carl H Hall (Degree or title) CARL H. HALL, Captain, MC, Actg Post Surgeon — ADDRESS Army Chemical Center, Md — DATE SIGNED 25 Nov 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11/28/52 — NAME OF CEMETERY OR CREMATORY: Springfield Cemetery — LOCATION (City, town, or county): Springfield (State): Ohio

DATE REC'D BY LOCAL REG.: Nov. 27-52 — REGISTRAR'S SIGNATURE: Nellie L Perry

24. FUNERAL DIRECTOR: Henry Penny and Sons. — ADDRESS: Aberdeen Md

DEC 1
AU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Army Dispensary Army Chemical Center, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Portsmouth
STREET ADDRESS (If rural, give location) 803 Richmond Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) CURTIS (Last) LITTLE
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 11 Feb 1925
9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professional Airman
10b. KIND OF BUSINESS OR INDUSTRY: U S Air Force
11. BIRTHPLACE (State or foreign country): Redford, North Carolinia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Deceased
14. MOTHER'S MAIDEN NAME: Mary Allean Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 28 Dec 1951
16. SOCIAL SECURITY No.: 224-20-9904
17. INFORMANT: Medical Records army Chemical Center Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

860 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound comminuted fracture of left leg

(c) Air crash, Army Chemical Center, Maryland

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - -
19b. MAJOR FINDINGS OF OPERATION: - -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) A Cml C, Md (CITY OR TOWN) Army Chemical Center (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Nov (Day) 24 (Year) 52 (Hour) 1245 PM
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Result of airplane crash

22. I hereby certify [redacted] that death occurred at 11:30 PM m., from the causes and on the date stated above.

SIGNATURE: Carl H. Hall (Degree or title) CARL H. HALL, Captain, MC, Actg Post Surgeon, ADDRESS Army Chemical Center, Md DATE SIGNED 25 Nov 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 11/28/52
NAME OF CEMETERY OR CREMATORY: Colored Cemetery
LOCATION (City, town, or county): Portsmouth (State) Virginia

DATE REC'D BY LOCAL REG.: Nov. 27-52
REGISTRAR'S SIGNATURE: Nellie R. Perry
24. FUNERAL DIRECTOR: Henry Tarring and Sons ADDRESS Aberdeen Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cec. L; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora; STREET ADDRESS (If rural, give location) R.F.D

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) LYNCH

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-4-1868

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Lynch

14. MOTHER'S MAIDEN NAME: Mary Jane Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-18-3566

17. INFORMANT AND ADDRESS: Florence E. Lynch, Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 19.52 to 11/8, 19.52 that I last saw the deceased alive on 11/8, 19.52 and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE: F. Vasamid, M.D. (Degree or title) ADDRESS: Harford Memorial H. DATE SIGNED: 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-11-1952

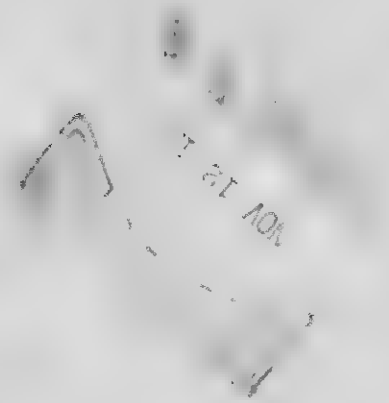
NAME OF CEMETERY OR CREMATORY: Asbury

LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Nov. 10-52

REGISTRAR'S SIGNATURE: H. L. Lewis M.D.

24. FUNERAL DIRECTOR AND ADDRESS: Eva. Patterson & Son Perryville, Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Baltimore; STATE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 11, Md.; STREET ADDRESS (If rural, give location) 414 Tuxedo St.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Edward (Last) Miller

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12-10-44

9. AGE last birthday: 2 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Millard Howard

14. MOTHER'S MAIDEN NAME: Lillie Mae Landers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: 414 Tuxedo St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Infection & Convulsions, Toxic Meningitis — Interval Between Onset and Death: 1 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-1, 1952, that I last saw the deceased alive on 11-1, 1952 and that death occurred at 4 PM m., from the causes and on the date stated above.

SIGNATURE: Frank D. Hauber (Degree or title) M.D. ADDRESS Harford Memorial Hospital DATE SIGNED 11-1-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/4/52

NAME OF CEMETERY OR CREMATORY: Meadow Ridge

LOCATION (City, town, or county) (State): Dorsey Md.

DATE REC'D BY LOCAL REG.: 11/3/52

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Jan. 31, 1869

9. AGE last birthday: 83 yrs. | If under 1 year: Months 9 | Days 7 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel worker

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Portsmouth, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Morgan

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Winfield Morgan, 4512 Northwood Drive, Baltimore 12, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	36 hrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	6 mo.
	(c) Hypertensive cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1949, to Nov. 2, 1952, that I last saw the deceased alive on Nov. 2, 1952, and that death occurred at 9.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles E. Leff M.D. ADDRESS Street, Md. DATE SIGNED 11-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 5, 1952 | NAME OF CEMETERY OR CREMATORY: Jarrettsville | LOCATION (City, town, or county) (State): Jarrettsville, Harford Co. Md.

DATE REC'D BY LOCAL REG. 11/4/52 | REGISTRAR'S SIGNATURE: Priscilla Foulwood

24. FUNERAL DIRECTOR: Martin L. Kurtz, ADDRESS: Jarrettsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Edward (Last) Morris
4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 15 1893
9. AGE last birthday 58 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm Retired
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sheridan Morris
14. MOTHER'S MAIDEN NAME Lydia Singleton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Lillie May Morris - Havre de Grace R.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4

Immediate cause (a) Arteriosclerotic Cardio Vascular — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c) Mitral Insufficiency — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 52, 1952, to Nov 3, 1952, that I last saw the deceased alive on Nov 3, 1952, and that death occurred at 7:12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 11/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 6 1952
NAME OF CEMETERY OR CREMATORY Rock Run Cem.
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 5. 52
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell
ADDRESS Havre de Grace Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Army Chemical Center, Md — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U S Army Chemical Center Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Louisiana — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Orleans
STREET ADDRESS (If rural, give location): Box 985

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) DOUGLAS (Last) MORRIS
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 20 Aug 1930
9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professional Airman
10b. KIND OF BUSINESS OR INDUSTRY: U S Air Force
11. BIRTHPLACE (State or foreign country): Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Deceased
14. MOTHER'S MAIDEN NAME: Bertha Mae Strand
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 30 Sep 51
16. SOCIAL SECURITY NO.: - -
17. INFORMANT: Medical Records army Chemical center md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

860X

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple lacerations of face

(c) Air crash, Army Chemical Center, Maryland

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION: - -
19b. MAJOR FINDINGS OF OPERATION: - -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): A Cml C, Md
(CITY OR TOWN) Army Chemical Center (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Nov (Day) 24 (Year) 52 (Hour) 1245PM
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Airplane crash

22. I hereby certify ~~that I attended the deceased from [illegible] that I last saw the deceased~~ ~~[illegible]~~ that death occurred at 11:30 PM m., from the causes and on the date stated above.

SIGNATURE: Carl H. Hall (Degree or title) ADDRESS DATE SIGNED

CARL H. HALL, Captain, MC, Actg Post Surgeon, Army Chemical Center, Md 25 Nov 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 11/28/52
NAME OF CEMETERY OR CREMATORY: Helena Cemetery
LOCATION (City, town, or county) (State): Helena Ark.

DATE REC'D BY LOCAL REG.: Nov. 27-52
REGISTRAR'S SIGNATURE: Nellie R. Perry
24. FUNERAL DIRECTOR, ADDRESS: Henry Farring Md Sons Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1
AUBURN V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-0

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Abingdon — LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Abingdon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Norton
4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 15, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: George Daugherty
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Harold Norton, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) hemiplegia — 10 days

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterial sclerosis and hypertension — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Nov 1, 1952, that I last saw the deceased alive on 11-5, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Fred O Hodons — (Degree or title): M.D — ADDRESS: Edgewood Md — DATE SIGNED: 11-6-52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: Nov. 8, 195 — NAME OF CEMETERY OR CREMATORY: John Wesley — LOCATION (City, town, or county) (State): Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG.: Nov. 8, 1952 — REGISTRAR'S SIGNATURE: Marie M. Mouledale — 24. FUNERAL DIRECTOR: Howard K. McComas & Son — ADDRESS: Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1205

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS 715 S. Washington St	STREET ADDRESS (If rural, give location) 715 S. Washington St.

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Alice (Last) Patterson				4. DATE OF DEATH (Month) Nov. 1, (Day) 1952 (Year) 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12-3-1870	9. AGE last birthday 81 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House life		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John T. Riley			14. MOTHER'S MAIDEN NAME Annie H. Moore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Alice V. Patterson, Havre De Grace, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

(c) Chronic Cardio Vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1949, to 11/1, 1952, that I last saw the deceased alive on 11-1, 1952 and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Havre De Grace Md Nov. 4-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11-4-1952	NAME OF CEMETERY OR CREMATORY Angel Hill	LOCATION (City, town, or county) (State) Havre De Grace, Md.
DATE REC'D BY LOCAL REG. Nov. 4-1952	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR Lee A. Patterson & Son	ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon — LENGTH OF STAY (in this place) 7 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) G. (Last) Purcell — 4. DATE OF DEATH (Month) Nov. (Day) 4, (Year) 19 52

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 1/29/1867 — 9. AGE last birthday 85 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist — 10b. KIND OF BUSINESS OR INDUSTRY Grant Mfgr., — 11. BIRTHPLACE (State or foreign country) Pennsylvania — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Dennis Purcell — 14. MOTHER'S MAIDEN NAME Catherine Flush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 102-05-4644 — 17. INFORMANT AND ADDRESS Mrs. Harry Trautwein, [illegible] N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 weeks

332 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1952, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 1, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Charles Richardson Jr. M.D. (Degree or title) — ADDRESS Bel Air Md — DATE SIGNED 11/6/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] — DATE THEREOF 11/6/1[illegible] — NAME OF CEMETERY OR CREMATORY Grant [illegible], F.H. — LOCATION (City, town, or county) Easton, (State) Pa.

DATE REC'D BY LOCAL REG. 11, 6, 52. — REGISTRAR'S SIGNATURE Marie M Mouledale — 24. FUNERAL DIRECTOR Howard K McComas & Son — ADDRESS Abingdon Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Bel Air, Md.; LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waltere Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Market

3. NAME OF DECEASED (Type or Print): (First) Bertie (Middle) M. (Last) Simpson
4. DATE OF DEATH (Month) (Day) (Year) II/25/52 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/3/1878
9. AGE last birthday: 73 yrs. If under 1 year: Months 11 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress Retired
10b. KIND OF BUSINESS OR INDUSTRY: V.A. Hosp. Perry Pt.
11. BIRTHPLACE (State or foreign country): Chesapeake City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Simpson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: B. J. Simpson, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Insufficiency — 10 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cancer Bowel — Years
(c) Cerebral Hemorrhage — 1/2 hr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE Charles Foley (Degree or title) MD ADDRESS 700 S. Stokes Ave Elkton DATE SIGNED 11 Nov 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/28/52
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county) (State): Chesapeake City, Md.

DATE REC'D BY LOCAL REG. 11/27/52
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR: Pennington & Son, Havre de Grace, Md.
ADDRESS

DEC 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
MARYLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Robert (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 11, 1952

5. SEX MALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 3-28-60

9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Richard Smith

14. MOTHER'S MAIDEN NAME Eliza Ann Hanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Harvey J. Bare Aberdeen R.D. #2 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure (Arterio-sclerotic Heart Disease) — Interval Between Onset and Death: 1 week

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1952, to 11-11, 1952, that I last saw the deceased alive on 11-11, 1952 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE Frank D. Hawker (Degree or title) M.D. ADDRESS Harford Memorial Harford. DATE SIGNED Md. 11-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 13, 1952

NAME OF CEMETERY OR CREMATORY Churchville Presbyterian Ch. Yd.

LOCATION (City, town, or county) Harford County (State) Md.

DATE REC'D BY LOCAL REG. Nov. 12-52

REGISTRAR'S SIGNATURE A L. Lewis M.D.

24. FUNERAL DIRECTOR N. Madison Mitchell Sons & Bare

ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 Revolution Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 514 Revolution Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J (Last) Summons
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	12-26-73	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Summons
14. MOTHER'S MAIDEN NAME: Nancy Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 217-03-4437
17. INFORMANT, AND ADDRESS: Mr. William J. Summons - Havre de Grace, Md. 514 Revolution St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Arteriosclerotic heart disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile dementia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Nov. 14, 1952, that I last saw the deceased alive on Nov. 14, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George T. Stansbury, M.D., 564 Revolution St. Havre de Grace, Md. Nov. 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-17-52 | NAME OF CEMETERY OR CREMATORY: St. James Cemetery | LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Nov. 17-52 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR ADDRESS: Funeral Service - Havre de Grace, Md.

VS. A15

Item 21 Film G149 12-5-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) ABERDEEN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 USA Hospital Aberdeen Proving Ground, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ambridge
STREET ADDRESS (If rural give location) 337 14th Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) E (Last) Sweitzer

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 7, 1931

9. AGE last birthday: 21 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N. Sweitzer

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) Current

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Gunshot Wound of the Head — None

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) APG, Md. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Nov. (Day) 20, (Year) 1952 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Nov., 1952, to 20 Nov., 1952, that I last saw the deceased alive on ..... , 19....., and that death occurred at 11:28 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel S. Stubbs, 1/Lt MC. ADDRESS USAH—APG, Md DATE SIGNED 20 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11/22/52
NAME OF CEMETERY OR CREMATORY Ambridge Cemetery
LOCATION (City, town, or county) Ambridge (State) Pennsylvania.

DATE REC'D BY LOCAL REGISTRAR Nov. 22-1952
REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen, Maryland.

VS. A15

RECEIVED
NOV 26 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maxa Sand Quarries

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): R.D. #2

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) NOLAN (Last) TAYLOR

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 19, 1895

9. AGE Last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crain operator

10b. KIND OF BUSINESS OR INDUSTRY: Frank Maxa & Son - Quarry -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Seth Buckley Taylor

14. MOTHER'S MAIDEN NAME: Eunice Preston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-7903

17. INFORMANT AND ADDRESS: Mrs. Robert Nolan Taylor, Havre de Grace

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarct

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovett (Degree or title) | ADDRESS: Baltimore, Maryland | DATE SIGNED: November 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 21-1952 | NAME OF CEMETERY OR CREMATORY: Wesleyan Chapel | LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG.: Nov. 20-1952 | REGISTRAR'S SIGNATURE: Nellie R Perry | 24. FUNERAL DIRECTOR | ADDRESS: Henry Tarring and Sons Aberdeen. Maryland.

Sorrow; Firm Give 11/7/52 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Harford; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Abington, Md.; LENGTH OF STAY (In this place): /; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rod and Gun Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) S. (Last) Wallis ~~WALLACE~~

4. DATE OF DEATH (Month) (Day) (Year): November 2, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/16/1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. POSTAL CLERK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARFORD Co. MD.

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: ROBERT C. ~~WALLACE~~ Wallis

14. MOTHER'S MAIDEN NAME: FRANCES GUINLAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Flossie H. ~~Wallace~~ Wallis, Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarct

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐: HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William Howell (Degree or title): Assistant Medical Examiner ADDRESS: 700 Fleet St., Balto. 2, Md. DATE SIGNED: 11/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov 5 NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery LOCATION (City, town, or county) (State): Fountain Green, Md.

DATE REC'D BY LOCAL REG.: 11/5/52 REGISTRAR'S SIGNATURE: A W Hedrick 3rd. 24. FUNERAL DIRECTOR: Jos. A. Foster ADDRESS: Bel Air, Md.

12638

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Havre de Grace
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Havrede Grace, Md.
STREET ADDRESS (If rural, give location) Osborn Farm

3. NAME OF DECEASED (Type or Print) (First) Gary (Middle) Warren (Last)
4. DATE OF DEATH (Month) (Day) (Year) 19 II/19/52

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7/8/1917
9. AGE last birthday 35 yrs. If under 1 year Months 3 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Gov. Housing Proj.
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Robert Warren
14. MOTHER'S MAIDEN NAME Essie Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Essie Warren, Osborn Farm, Near Havrede Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

023X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Luetic heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1952, to 11/18, 1952, that I last saw the deceased alive on 11/18, 1952, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury (Degree or title) MD ADDRESS Havre de Grace Md. DATE SIGNED 11/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF II/23/52
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Nov. 22-52
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12639

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FOREST HILL, RD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FOREST HILL (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) — (Last) Whitaker

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 15 1884
9. AGE last birthday 68 yrs. If under 1 year: Months 2 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) BRINKERS CORNER, Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME MARION S. WHITAKER
14. MOTHER'S MAIDEN NAME HANNAH F. PATTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Mary V. Whitaker 638 Lennington Place NE Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide by hanging

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Forest Hill (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11/18/52 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M D Deputy Medical Examiner Harford Co Bel Air Md 11/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov-24, 1952
NAME OF CEMETERY OR CREMATORY Wm Watters Mann
LOCATION (City, town, or county) Cooptown Harford, Md. (State)

DATE REC'D BY LOCAL REG. 11/23/52
REGISTRAR'S SIGNATURE Lucella Forwood
24. FUNERAL DIRECTOR Martin S Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28 1952
BUREAU V. S.